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(Re	equestor's Name)	
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T. Herry Collins

COVER LETTER

TO: Registration Section Division of Corporation	ion Pratiofis		. 4
SUBJECT: METR	O FINISHES L	LC	
Sobject.	Name of Limite	d Liability Company	
	nendment and fee(s) are subm	<u>-</u>	
riease return an correspond	lence concerning this matter to	o the following:	
	CHARLES MAN	RYUN Name of Person	
	METRO FINIS	_	
	1644 CRESTWO	DDD DR. Address	
	ORLANDO, FL	. 32804 City/State and Zip Code in (a me fro fini shest be used for future annual report notification	<u> </u>
	Charles mark! E-mail address: (to	m a me fro fini shes be used for future annual report notification	S.CoM on)
For further information con	cerning this matter, please cal	1:	
CHAPLES MA Name of F	RKUN Person	at (334) 376.723 Area Code & Daytime Tel	lephone Number
Enclosed is a check for the	following amount:	•	
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METRO FINISHE	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed on 12/26/2001 and assigned
Florida document number <u>LO 200000074</u> .	⊼
This amendment is submitted to amend the following:	FIL SEP - LLAHASS
A. If amending name, enter the new name of the limited li	To See Line
The new name must be distinguishable and end with the words "Li" L.L.C."	mited Liability Company," the designation " or the abbreviation
Enter new principal offices address, if applicable:	1644 CRESTWOOD DR
(Principal office address MUST BE A STREET ADDRESS)	0RL4NDO FL. 32804
Enter new mailing address, if applicable:	1644 CRESTWOOD DR.
(Mailing address MAY BE A POST OFFICE BOX)	orumbo fl. 32804
registered agent and/or the new registered office address h Name of New Registered Agent:	office address on our records, enter the name of the new nere: Derly PEMBOR RESTWOOD DL.
To Negistered Office Addiess.	Enter Florida street address
ORLAN	City , Florida 32804 Zip Code
Now Desired Access Company to however Desired Access	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SPEAR ANDREW J	1429 NEW YORK AVE	Add
		OPLANDO FL. 32803	Remove
			_ □
			Add
		ALLAHA ALLAHA AS	-55 _45
		ALLAHASSEE, FLORIDA	Remove 12:
			Add
			_
			Add
			Remove
			-
			Add
		,	_ L_ Kemove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• •	
ed	August 28th, 2013
	T1
	Simple of the state of the stat
	Signature of a member or authorized representative of a member CHAPLES MARKUN - Sole C Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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